Revision:	HCFA-PM- AUGUST 19	991	(BPD)		ATTACHMENT 2.2-A Page 13a OMB NO.: 0938-
Agency*	Citation	(s)			Groups Covered
XIX		В.	Optional (Continue	Groups	Other Than the Medically Needy
				(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
			X	(6)	Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.
					,
my y-	edi le				
TN No. Supersede TN No.		Approva	l Date _	1/21/9	Effective Date /8/1/9/

Revision:	HCFA-PM-91-4 AUGUST 1991 State:	(BPD)	ATTACHMENT 2.2-A Page 14 OMB NO.: 0938-
Agency*	Citation(s)	G	roups Covered
(A)(i	a)(10) /X/i)(VIII) ie Act	(Continued)  8. A child for whome State adoption (other than under Act), who, as deadoption agency without medical special needs for and who before a. Was eligible approved Med.  b. Would have be standards and foster care the AFDC state.	m there is in effect a assistance agreement er title IV-E of the etermined by the State, cannot be placed for adoption assistance because the child has or medical or rehabilitative care, execution of the agreement—  for Medicaid under the State's icaid plan; or een eligible for Medicaid if the d methodologies of the title IV-E program were applied rather than indards and methodologies.  s individuals under the age of—
TN No	9/-/9 s Approv	val Date 1/2//92	Effective Date 10/1191

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	State:	IDAHO		OMB No.: 0938-		
Agency*	Citation (s)	G	roups Covered			
	В	. Optional Groups (Continued)	Other Than the	Medically	Needy	
42 CFF	435.223 <u>(X</u> /	<ol> <li>Individuals d for AFDC if c were as broad</li> </ol>	escribed below overage under as allowed un	the State's	s AFDC plan	
1902(a (A)(ii 1905(a the Ac	) and ) of	21 20 19 18 Caretaker Pregnant w				
		Incapacitated parmedical treatment		o accept r	emedial	
TN No. 9	7-75					
Supersedes TN No.	Approv	val Date <u>    2  9</u>			= <u>/0/////</u>	
		-	ncr	TA ID: 798	JE	

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	State: _		IDAHO		
Agency*	Citation(s	)		Groups C	Covered
	<u>.</u>		Optional (Continu		an the Medically Needy
42 CFI	R 435.230	<u></u>	LO. <u>St</u>	ates using SSI cr ctions 1616 and 1	riteria with agreements under
			on pay su	ly a State supple yment) under an a oplementary payme	os of individuals who receive ementary payment (but no SSI approved optional State ent program that meets the as. The supplement is
			a.	Based on need an basis.	nd paid in cash on a regular
			b.	individual's cou	fference between the income and the income odetermine eligibility for
			c.	Available to all	individuals in the State.
			d.	of individuals l	more of the classifications listed below, who would be I except for the level of
				(1) All aged i	individuals.
				(2) All blind	individuals.
				(3) All disabl	led individuals.
TN No. Supersede: TN No.	8/1-19 Ap	proval	l Date _	1/21/92	Effective Date /6////

ATTACHMENT 2.2-A

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	State:	IDAHO		
Agency*	Citation(s)			Groups Covered
	:	B. <u>Optional</u> (Continue		os Other Than the Medically Needy
			(4)	Aged individuals in domiciliary facilities or other group living
42 CFR 435.230			(5)	arrangements as defined under SSI. Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			(9)	Individuals in additional classifications approved by the Secretary as follows:
TN No.	01.19			
Supersede:	Approx Approx	oval Date _	1/2	1/92 Effective Date 10/19/

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 16a OMB NO.: 0938-
	State:	IDAHO	——————————————————————————————————————
Agency*	Citation(s)		Groups Covered
	В	(Continued) The supplement subdivisions and Yes. No. The standards	s Other Than the Medically Needy  varies in income standard by political coording to cost-of-living differences  for optional State supplementary isted in Supplement 6 of ATTACHMENT
TN No Supersedes TN No	Approx	val Date <u>    21 </u>	62 Effective Date 10/19/ HCFA ID: 7983E

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OMB	NO.	:	09	38-

State: IDAHO

Agency\* Citation(s)

Groups Covered

XIX

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.120, 435.121 and 435.230 1902(a)(10) (A)(ii)(XI) of the Act / XV 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
- X (1) All aged individuals.
- X (2) All blind individuals.
- X (3) All disabled individuals.

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Effective Date 10//9/

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ATTACHMENT 2.2-A

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State: \_\_\_IDAHO

Agency\* Citation(s) Groups Covered XIX Optional Groups Other Than the Medically Needy (Continued) \_X\_ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. \_X\_ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. Χ Disabled individuals in domiciliary facilities or other group living (6) arrangements as defined under SSI. Individuals receiving federally administered optional State supplement (7) that meets the conditions specified in 42 CFR 435.230. Individuals receiving a State administered optional State supplement (8) <u>X</u> that meets the conditions specified in 42 CFR 435.230. Individuals in additional (9) classifications approved by the Secretary as follows:

TN No				. /
Supersedes TN No. 86-4	Approval Date	1/2/1/92	Effective Date/	0/1/9/
TN No				

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	State: _	1	DAHO		
Agency*	Citation(s)			Groups	Covered
XIX		в.	(Continue	d)	han the Medically Needy ies in income standard by
			poli	tical subdivis -of-living dif	ions according to
				Yes	
			X	Мо	
			paym	standards for ents are liste CHMENT 2.6-A.	optional State supplementary d in Supplement 6 of
TN No Supersede: TN No	97-/9 s App	roval	. Date/	12/192	Effective Date 10/1/91

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(BPD)

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AUGUST 1991 OMB No.: 0938-IDAHO State: Groups Covered Agency\* Citation(s) XIX Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.231 /X/ 12. Individuals who are in institutions for at least 30 consecutive days and who are 1902(a)(10) (A)(ii)(V)eligible under a special income level. Eligibility begins on the first day of of the Act the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

> The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A) (ii) and 1905(a) of the Act

Aged Bĺind Disabled Individuals under the age of--21

20 \_ 19 18

Caretaker relatives Pregnant women

TN No. Supersedes, TN No.

Approval Date

1/21/02

Effective Date

HCFA ID: 7983E

10/1/91